Application form for an Almshouse

Thomas Hickman's Charity
Reg. Charity No: 202973
The Estate Office
Rickford House
12 Rickfords Hill
Aylesbury, Bucks
HP20 2RZ
Tel: 01296 761688
email: info@thomashickmancharity.co.uk
www.thomashickmancharity.co.uk

William Harding's Charity
Reg. Charity No: 310619
The Estate Office
Rickford House
12 Rickfords Hill
Aylesbury, Bucks
HP20 2RZ
Tel: 01296 761688
email: info@williamhardingcharity.co.uk
www.williamhardingcharity.co.uk
William Harding Charity is on the Charity Commission website

Data Protection Statement

It is part of the Trustees' responsibilities to ensure that applicants for almshouses are suitably qualified under the terms of the Charities' governing document. Trustees, therefore, need to investigate the personal circumstances of applicants. The personal data supplied on this form and other information relating to an almshouse appointment or your care management will be held on file. Some details may be checked with relevant organisations since the Charities reserve the right to investigate and verify what you write in this form but no details will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

Please read the Privacy Policy on the charity's website for further information.

Section 1 – About You

Title ..... First name ..... Surname .....

Address .....

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.....

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..... Post Code .....

Telephone No ..... Mobile No .....

Email address

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Length of time living in Aylesbury ..... Council Tax Band .....

Date of Birth ..... Age .....

Employment History - Please give details of your current occupation (if any) and brief details of your employment history

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SECOND APPLICANT

Title ..... First name ..... Surname .....

Address .....

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.....

.....

..... Post Code .....

Telephone No ..... Mobile No .....

Email address

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Length of time living in Aylesbury ..... Council Tax Band .....

Date of Birth ..... Age .....

Employment History - Please give details of your current occupation (if any) and brief details of your employment history

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Section 2 – About your Family (for future contact only)

Next of kin ..... Relationship .....
Address .....

..... Post Code .....
Telephone No ..... Mobile No .....
Email address .....

Section 3 – About your present home

Type of accommodation (e.g. 3 bedroom house, 2 room flat): .....

Do you, or applicant two, own it? (tick as appropriate.) **Yes** ☐ **No** ☐
If '**Yes**', what is its present estimated value? £ .....
Is there a mortgage outstanding on the property and, if so, how much is outstanding? If there is no mortgage, please write NONE .....
If you do not own the property where you currently live, who does own this property?

.....

Is this person related to you in any way? (tick as appropriate.) **Yes** ☐ **No** ☐
If '**Yes**' what is the relationship? .....
If you, or applicant two have ever owned the property where you currently live, in what circumstances did you cease to be the owner?

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If rented, please give name and address of landlord: .....

.....

Current rent (tick as appropriate.) £ ..... **Weekly** ☐ **Monthly** ☐
Do you receive Housing Benefit or other Benefits to help with housing costs?
(tick as appropriate.) **Yes** ☐ **No** ☐
Do you receive Council Tax discount or reduction? (tick as appropriate.) **Yes** ☐ **No** ☐
Why do you wish to leave your present accommodation? .....

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What are your intentions regarding your current accommodation if you are appointed to an almshouse?

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Section 3 – Continued

If you or applicant two own property other than the one in which you live now, please give details below. This should include property owned abroad as well as in the UK:

Address .....

.....

.....

..... Post Code .....

Section 4 – Your Income

To enable the trustees to assess your application, please provide the following information. This should include details of all sources of income and state how frequently you receive them, e.g. weekly, monthly or annually:

	AMOUNT	FREQUENCY
Pensions 1. State Pension 2. Pension paid by a past employer 3. Private personal pension 4. Widow's or Widower's pension 5. Any other pension		
Social Security Benefit 1. Pension Credit 2. Attendance Allowance 3. Universal Credit 4. Any other benefits		
Employment or self-employment Please explain type of employment and hours of work. You will be required to bring evidence of earnings such as payslips or proof of earnings (if self employed) to interview		
Other Income 1. Annuities not yet in payment 2. Bank Deposit Account 3. Building Society Account 4. National Savings Account 5. Investment 6. Renting property or land that you own 7. Grants from a charity 8. Financial assistance from a relative/ friend 9. From a trust fund 10. Any other income – please give details		

Section 4 – Second Applicant's Income

To enable the trustees to assess your application, please provide the following information. This should include details of all sources of income and state how frequently you receive them, e.g. weekly, monthly or annually:

	AMOUNT	FREQUENCY
Pensions 1. State Pension 2. Pension paid by a past employer 3. Private personal pension 4. Widow's or Widower's pension 5. Any other pension		
Social Security Benefit 1. Pension Credit 2. Attendance Allowance 3. Universal Credit 4. Any other benefits		
Employment or self-employment Please explain type of employment and hours of work. You will be required to bring evidence of earnings such as payslips or proof of earnings (if self employed) to interview		
Other Income 1. Annuities not yet in payment 2. Bank Deposit Account 3. Building Society Account 4. National Savings Account 5. Investment 6. Renting property or land that you own 7. Grants from a charity 8. Financial assistance from a relative/ friend 9. From a trust fund 10. Any other income – please give details		

Section 5(a) – Your Capital	AMOUNT
1. Bank accounts: Current Balance	
2. Building Society accounts: Current Balance	
3. Shares: Current Value	
4. National Savings (e.g. National Savings Certificates): Value	
5. Unit Trusts: Current Value	
6. Premium Bonds: Amount held	

Section 5(b) – Second applicant's Capital	AMOUNT
1. Bank accounts: Current Balance	
2. Building Society accounts: Current Balance	
3. Shares: Current Value	
4. National Savings (e.g. National Savings Certificates): Value	
5. Unit Trusts: Current Value	
6. Premium Bonds: Amount held	

Section 6 – Loans/Debts

Do you or the second applicant have any loans or debts outstanding?
If so, please provide details.

Section 7 – About your Health and Social Factors

Are you and the second applicant able and willing to live independently and to look after yourselves and your accommodation?

Please give details of any significant illnesses, injuries or operations during the last five years

Are either of you currently receiving treatment for any illness? (tick as appropriate.)
Yes ☐ **No** ☐ If '**Yes**' please give details below:

Are there any other health or social factors that you or the second applicant would wish the trustees to take into consideration when assessing your application? (tick as appropriate
Yes ☐ **No** ☐ If '**Yes**' please give details below:

Name and address of your GP:

The Charities may choose to write to your GP asking him or her to complete a medical certificate to enable your application to be considered further. If you are appointed as a resident and, at a later date, trustees become concerned about your health and/or your ability to continue to live independently they may need to obtain a further medical report. By signing and returning this form you authorise your GP to provide us with medical information about you either now or in the future.

Do you or the second applicant have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? **Yes** ☐ **No** ☐

If '**Yes**' please give details:

Section 8 – References

Please give the names and addresses of two responsible people (not relatives) who know you well and whom the Charities may approach for a reference. If you are currently renting accommodation, one of the referees should be your current landlord. Please indicate how you know the referees.

1.

Postcode
How known?

2.

Postcode
How known?

- I/We declare that the information given in this application is correct and complete to the best of my knowledge and belief. I understand that the Trustees would be entitled to terminate any appointment to an almshouse dwelling I may be given as a result of this application, if my answers in this application form are untrue, or misleading in any respect (for example, due to omitting or mis-stating relevant facts).
- I/We consent to the Charities holding personal data on this form in accordance with Data Protection Regulations. The Charities full Privacy Policy can be found on their websites.

  By signing this form, you consent to the Charities storing information about yourself and this application.

Section 9 – Declaration

- I/We have read the Charities Conditions of Entry and believe that I/we am/are eligible to apply to live in one of the charity's almshouses.
- I/We accept that if I/we am/are appointed as a resident(s) I/we shall be a beneficiary(ies) of the Charities and not a tenant(s). Any weekly sum I/we pay will be a maintenance contribution and not a rent.
- I/We confirm that I/we am/are able to look after myself/ourselves and to live independently, with the assistance of family and social services if necessary.
- I/We consent to my/our GP or other medical attendant providing the charities with a medical certificate or report about my/our health and condition now or at a future date in accordance with this authority.
- I/We consent to the Charities holding personal data on this form in accordance with Data Protection Regulations. The Charity's full GDPR statement are on their websites.

Signature(s) (1) ..... (2) .....

Name(s) (1) ..... (2) .....

(PLEASE PRINT FULL NAMES IN CAPITAL LETTERS)

Date .....

This form should be returned to:

The Clerk to the Trustees, The Estate Office, Rickford House, 12 Rickfords Hill, Aylesbury, Bucks HP20 2RZ

Tel: 01296 761688
Email: info@williamhardingcharity.co.uk